

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3		/					53						
4		/					54						
5	/						55						
6	/						56						
7		/					57						
8		/					58						
9		/					59						
10		/					60						
11	/						61						
12	/						62						
13		/					63						
14		/					64						
15		/					65						
16		/					66						
17		/					67						
18	/						68						
19		/					69						
20	/						70						
21		/					71						
22		/					72						
23		/					73						
24		/					74						
25	/						75						
26	/						76						
27		/					77						
28		/					78						
29		/					79						
30		/					80						
31	/						81						
32	/						82						
33		/					83						
34		/					84						
35		/					85						
36		/					86						
37	/						87						
38	/						88						
39		/					89						
40		/					90						
41		/					91						
42		/					92						
43		/					93						
44	/						94						
45		/					95						
46		/					96						
47		/					97						
48		/					98						
49		/					99						
50		/					100						
TOTAL IND.	14	↓	↓	↓	↓	↓	TOTAL IND.	↓	↓	↓	↓	↓	↓
TOTAL DEP.	31	↓	↓	↓	↓	↓	TOTAL DEP.	↓	↓	↓	↓	↓	↓
TOTAL CLAIMS	45						TOTAL CLAIMS						